NHS GREATER GLASGOW AND CLYDE

Minutes of a Meeting of the Performance Review Group held at 9.30 am on Tuesday, 15 September 2009 in the Board Room, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

P R E S E N T

Mr A O Robertson OBE (in the Chair)

Mr R Cleland
Mr P Daniels OBE
Ms R Dhir MBE
Mr P Hamilton
Mr I Lee
Cllr. D Mackay (from Minute 55)
Mr D Sime
Mrs E Smith
Mr K Winter
Cllr. D Yates

OTHER BOARD MEMBERS IN ATTENDANCE

Dr C Benton
Mr R Calderwood
Mr D Griffin
Mrs J Murray (from Minute 58)

I N A T T E N D A N C E

Mr S Baker	..	Partnerships Projects Manager (to Minute 57)
Ms H Byrne	..	Director of Acute Services Strategy Implementation and Planning
Mrs S Bustillo	..	Associate Director of Corporate Communications
Mr J Davidson	..	Audit Scotland
Mrs J Grant	..	Chief Operating Officer - Acute Services Division
Mr J C Hamilton	..	Head of Board Administration
Ms C Renfrew	..	Director of Corporate Planning and Policy/Lead Director, Glasgow CHCPs

ACTION BY

51. WELCOME

The Chair welcomed Mr Stephen Baker, Partnerships Project Manager, and Mrs Sandra Bustillo, Associate Director of Corporate Communications to their first meeting.

52. MINUTES

On the motion of Cllr. D Yates and seconded by Mr P Hamilton, the Minutes of the Performance Review Group meeting held on 7 July 2009 [PRG(M)09/04] were approved as an accurate record.

53. MATTERS ARISING

a) Review of NHS General Services Contract – Progress on Monitoring Access to GPs

In relation to Minute 45(a) – Review of NHS General Services Contract – Progress on Monitoring Access to GPs – Ms Renfrew advised that the outcome Report from each CHCP/CHP on access to GP services would be presented to the next meeting of the Performance Review Group.

Director of Corporate Planning & Policy/Lead Director, Glasgow CHCPs

NOTED

ACTION BY

54. ANNUAL REVIEW – UPDATE

There was submitted a paper [Paper No. 09/35] from the Head of Performance and Corporate Reporting outlining the arrangements for the NHS Board's Annual Review with the Cabinet Secretary for Health and Wellbeing to be held on 19 October 2009 in the Thistle Hotel, Cambridge Street, Glasgow.

The NHS Board's self-assessment on its performance which was to be submitted to the Scottish Government Health Directorates would be sent to Members for information. Members were encouraged to attend the afternoon session of the Annual Review.

Head of Performance & Corporate Reporting

NOTED

55. AUDIT SCOTLAND – REVIEW OF MAJOR CAPITAL PROJECTS – POSITION IN NHS GREATER GLASGOW AND CLYDE

There was submitted a paper [Paper No. 09/36] from the Director of Acute Services Strategy Implementation and Planning on the actions being taken by NHS Greater Glasgow and Clyde in addressing the recommendations set out in the Audit Scotland Report.

The Audit Scotland Report was the first systematic review of major capital projects in Scotland. It had considered the progress of all 43 publicly funded major capital projects between April 2002 and March 2007 and a sample of current major capital projects. The Report reviewed progress against cost and time estimates, quality specifications and project management.

The key messages from the Report were as follows:-

i) Generally, the achievement of cost and time targets improved significantly as projects progressed;

ii) Early cost and time estimates at project approval stage were too optimistic for many major projects;

iii) Performance against cost and time estimates was better after contracts were awarded as plans were more certain and risks clearer;

iv) Most completed projects had successfully delivered the required roads, hospitals and other assets and all current projects were forecast to do so. However, few projects had been evaluated to demonstrate that they had delivered the expected wider benefits which originally justified the investment;

v) Nine current projects had awarded the main construction contract which should increase cost certainty: however, four projects had significant increases in estimated costs before reaching this stage;

vi) Project management and governance arrangements with an individual project were broadly effective although some room for improvement remained. A more strategic approach to managing the programme of capital projects could improve value for money.

Ms Byrne took Members through the recommendations set out in the Audit Scotland Report and described the actions being taken by the NHS Board to address each. The Capital Planning Group would be responsible for monitoring the progress in implementing the recommendations and ensuring the continued improvement on managing major capital projects within NHS Greater Glasgow and Clyde. The relevant Directors would remain responsible for managing their major capital projects and implementation of the recommendations.

Ms Dhir asked how projects were selected over other projects, the consequences or effects of delaying a project and how a smaller CHP was able to fund the revenue consequences of a major capital project for its own resources.

It was explained that the Directors identified priorities for possible inclusion into the Capital Plan and debated the merits of each case in order to lead to a finalised Capital Plan. Local priorities, commitments, service need and functionality, the maintenance of existing buildings/estate taken from the Property Register and capital availability were all taken into account when determining the Capital Plan. Ms Byrne advised that a review was held twice per annum to review the progress of existing projects and funding was re-allocated, where necessary and appropriate, to address emergent needs arising in year. Lastly, it was reported that to date the revenue consequences and increased capital charges of major capital investments had been incorporated into the Financial Plan and met by the NHS Board. The sustainability of this approach was being discussed with Directors in the light of the financial challenges ahead. It was likely in future that greater priority may require to be given to schemes which re-designed services and led to betterment but also savings. The potential for a reduction in the capital allocations to Boards in future years was also highlighted.

Mr Lee emphasised the need to ensure the NHS Board's priorities were driven by its strategic objectives and, in agreeing, Mr Calderwood indicated that in assuming responsibility for the Clyde area of the former NHS Argyll and Clyde NHS Board in 2006, there was a need to complete some inherited priorities from the Clyde area.

Ms Dhir was concerned that some services could not be adequately delivered due to the condition of some of the buildings/estate, especially in the GP and primary care context. The NHS Board's Property Register was being finalised for the end of the year and it was agreed an NHS Board Seminar be held in Spring 2010 to discuss the Property Register, capital priorities, budgets and allocations. An explanation of the Cost Rent Scheme for GPs would be included in the Seminar, together with plans for shared Estates Plan with Local Authorities.

Cllr. Mackay wanted to see more joint estate strategies between public bodies. He felt that public bodies were reactionary to project needs and there was a lack of an integrated strategic approach.

NOTED

56. PROPOSAL TO RE-PROVIDE ACCOMMODATION CURRENTLY USED AT DALIAN HOUSE AND TARA HOUSE

There was submitted a paper [Paper No. 09/37] by the Director of Finance providing Members with an update on the proposal to reduce the NHS Board's corporate overhead costs by re-providing accommodation currently occupied in the leased premises at Dalian House and Tara House.

The paper set out progress against each of the tasks identified in the paper submitted to the Performance Review Group meeting in May 2009. In addition, Mr Griffin advised that a Project Manager, Isobel Deeney, had been appointed to oversee the project and a Project Team had been established to take responsibility for co-ordinating the different elements of the project, including capital planning and programme management, telecoms, information management technology, staff communications, facilities management, records storage, human resource matters and car parking.

A final business case would be submitted to the Performance Review Group in November 2009 incorporating a full option appraisal and costings and a recommendation on a preferred option. **Director of Finance**

Members raised additional issues in relation to access by public transport, suitable accommodation for appeal hearings and phased upgrading of the preferred option for the accommodation if all NHS Board staff were to be located there.

NOTED

57. FRAMEWORK SCOTLAND AND ITS USE IN NHS GREATER GLASGOW AND CLYDE

There was submitted a paper [Paper No. 09/38] from the Director of Acute Services Strategy Implementation and Planning outlining the key components of "Framework Scotland" – a new approach to procurement of publicly funded construction and its use in NHS Greater Glasgow and Clyde.

Framework Scotland was officially launched in November 2008 by the Scottish Government at the Health Facilities Scotland Conference. It was a strategic and flexible partnering/collaboration approach to the procurement of publicly funded construction work and it complemented other procurement initiatives for the delivery of health facilities within Scotland. It was similar to the "P21" and "Design for Life" procurement routes utilised in England and Wales, respectively. It was suitable for a combination of new build and refurbished work and was originally developed for procuring acute and mental health projects but could be utilised for community schemes until the Scottish Government's Hub Initiative offered other procurement alternatives. There was a framework covering principal supply chain partners and for professional services contracts. Its key benefits are set out below:-

i) Earlier and faster delivery of projects;

ii) Certainty of time, cost and quality;

iii) Value for money;

iv) Well designed buildings procured with a positive collaborative working environment.

Ms Byrne introduced Mr Stephen Baker, Partnerships Project Manager, who advised that through the Capital Planning Group, a number of schemes had already been identified as suitable or potentially suitable for procuring through Framework Scotland to the approximate value of £21m. It was proposed that the approval to proceed with Framework Scotland for capital projects be delegated by the Performance Review Group to the Capital Planning Group and that approval to proceed beyond any stage must be given by the Capital Planning Group or an approved sub-group with that delegated authority.

Mr Winter advised that he was aware that the P21 had a good track record in delivering projects in England and Mr Baker confirmed that Framework Scotland had incorporated the best elements of that initiative. To date, the Framework Scotland had not been utilised for the full cycle of a project and therefore any lessons from its use had not yet been established.

DECIDED:

1. That the key components of Framework Scotland be noted.

2. That the use of Framework Scotland in NHS Greater Glasgow and Clyde be noted.

3. That delegated authority to the Capital Planning Group to oversee the use of Framework Scotland within NHS Greater Glasgow and Clyde be approved. **Director of Acute Services Strategy Implementation & Planning**

58. FINANCIAL MONITORING REPORT TO 31 JULY 2009

There was submitted a paper [Paper No. 09/39] from the Director of Finance which set out the NHS Board's financial performance for the first 4 months of the year to 31 July 2009.

It was reported that for the first 4 months of the year, expenditure was £1.3m in excess of budget: however, a year-end break-even position remained achievable. Mr Griffin did report on a number of factors which could have a significant negative impact on the NHS Board's financial position during 2009/10, namely, pandemic flu, the outcome of the Agenda for Change appeals and prescribing expenditure trends.

The additional prescribing expenditure was attributable to the impact of pandemic flu which had diverted staff from the implementation of new cost savings initiatives and delayed recruitment to pharmacy posts associated with the delivery of these initiatives. In addition, the impact and outcome of a likely pandemic flu outbreak later in the year was awaited.

A large number of appeals had been submitted by staff on their Agenda for Change gradings. In the next couple of months when the outcome of appeals was known there would be a clearer picture of the recurring cost impact and whether the provision set aside for this was adequate.

Mr Griffin advised that discussions were ongoing with the SGHD on the forecast of capital slippage and the level of brokerage may be greater than the £30m anticipated. The outcome would be reported to Members. **Director of Finance**

A corporate session was to be held later in the week on the Financial Plan and savings for 2009/10 and planning for 2010/11. In addition, Mr Calderwood was meeting each Director to scrutinise their savings plans and preparedness for a pandemic flu outbreak. It was agreed to provide Members with a copy of the Pandemic Flu Report prepared by officers. **Director of Public Heath**

Mr Calderwood advised that the Financial Monitoring Report to 31 August 2009 would be available for the Annual Review on 19 October 2009.

NOTED

59. PERFORMANCE REPORT – QUARTER 1 – 2009/10

There was submitted a paper [Paper No. 09/40] from the Head of Performance and Corporate Reporting, setting out the Performance Report for Quarter 1 – 2009/10.

Ms Renfrew took Members through the Report and highlighted the following matters:-

i) The good performance achieved in meeting the key in-patients, day surgery and out-patient national targets;

ii) The increase in the number of patients waiting over 5-weeks for physiotherapy. Steps were being taken to look at access to physiotherapy services and what action could be taken to improve wait times. Whilst the overall picture was not good, there were wide variations across the NHS Board's area in terms of wait time. The outcome of the review would be reported back to Members in early 2010; **Head of Performance & Corporate Reporting**

iii) On delayed discharges there were 27 patients waiting more than 6 weeks to be discharged from hospital on to a more appropriate setting. In addition, there was a growing number of patients approaching the 6-week target;

iv) The breast-feeding rate had improved: however, the number of people who had stopped smoking for 4 weeks was short of the target set;

v) Sickness absence was 5.2%;

vi) There had been a significant improvement in responding to complaints within 20 working days – up from 57.9% to 78%, thereby exceeding the target of 70%;

vii) Day case rate was 60.8% against the target of 75% but the rate was already improving as the new ambulatory care hospital facilities became fully operational.

viii) GP referrals to hospital, received electronically, had improved to 89.9% against a target of 90%;

Dr Benton asked about dentists not using appropriate antibiotics and Mrs Grant said that she would discuss this with the Medical Director and Oral Health Director in terms of the wider picture in relation to the success achieved by the Anti-microbial Team. **Chief Operating Officer**

NOTED

60. PROPERTY COMMITTEE MINUTES: 19 JUNE 2009

There was submitted a paper [Paper No. 09/41] covering the notes of the meeting of the Property Committee held on 19 June 2009.

NOTED

61. COMMUNICATION ISSUES: 8 JULY TO 15 SEPTEMBER 2009

There was submitted a paper [Paper No. 09/42] from the Director of Corporate Communications covering communication actions and issues from 8 July to 15 September 2009.

Mrs Bustillo highlighted the following:-

- Following publication of the Health News showcasing cutting edge treatment, pioneering research and first class care delivered to patients, there were significant positive media reports as a number of the features were picked up by mainstream media.

- The Communications Plan had now been developed for the three major strands of the NHS Board's Maternity Strategy – namely, the closure of the Queen Mother's Maternity Hospital, the commissioning of the refurbished and new build development of the Southern General Maternity Unit and the wider service redesign of maternity services. This would include commemorative events and material for the Queen Mother's Hospital, an online tour of the Southern General Maternity, a staff newsletter and detailed information on revised patient pathways for GPs and Health Visitors.

- The media coverage of the retiral of Ms Reta Scott after working within NHS Greater Glasgow and Clyde for 52 years – one of Scotland's longest serving nurses.

Taxi Contract

Following the discussion at the August NHS Board meeting, Mr Calderwood provided a full briefing to Members on the progress made in considering the new information provided in relation to the Taxi Contract.

NOTED

62. DATE OF NEXT MEETING

The next meeting of the Performance Review Group will be held at 9.30 am on Tuesday, 3 November 2009 in Board Room 1, Dalian House, 350 St. Vincent Street, Glasgow, G3 8YZ.

The meeting ended at 11.45 a.m.